PTD/S8.05 (04.03)
Approved for one division Act of 1993, no persons are required in respond to a collection of information unless in display a visio Only control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Approved for one division of information unless is display a visio Only control number.

PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875										10	10/600309		
6-20-03 c				S FILE(	-PARTI	ART I (Column 2)		SWALL ENTITY		QR	OTHER THAN SMALL ENTITY		
FOR		MUMBER FRED		) MA	MANSER EXTRA		RATE	FEE		RATE	FEE		
BASIC FEE profriggs								1375	1	KANE	766		
TOTAL CLASS DT OFR LISTO		40	9	D	82		1. 9.	118	- CR	11/8.			
PROEPEROPHY CLUMS P7 OFR 1.1604)		7			. 3		<del>                                      </del>		OR		<del></del>		
			6 mious 3 ·   ·			<u> </u>	1	12	126	OR.	1.84	B	
MALTIFLE DEPONDENT CLAIM PRESENT . (D7 CFR 1.1034)								<u> </u>		CA.	٠,		
. h (pré 48	Perence in	a contract	t is teen then zero, enter 'O' in conson 2.					TOTAL	699	OR.	TOTAL		
CLAIMS AS AMENDED - PART II													
(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN SMALL ENTITY		
MENDMENT A	7/05	RE	NAMES NAMES NAMES NAMES		HUGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TICHAL FEE		RATE	ADOL TICHAL	
<u> </u>	Total Tit LLEGS	Ľ	<u>23</u>	Mires	42	.0		# 8 e		CR.	K1		
¥ 50	77 1.280p	Ŀ	4	Minus	6	1.0	11	X 8 =		COR.	X N		
PRINT MESENTATION OF MATPLEDEPOINDIT QUAN DIT OFF LINESD										OR.			
1,8,17,20							3 (	TOTAL			TOTAL		
CIST -								ADDIL FEE	L	OR	ADOIL FEE		
B)	<del>-, -</del>	a	AIMS		(Column 2) HICHEST		lf		·		<del></del>		
\$		A	ARING FTER MOKENT		NUMBER PREVIOUSLY PAID FOR	PRESENT	ŀ	RATE	ADOL TIDNAL FEE		RATE	ADOI- TIONAL PEE	
§ #0	\$ 4.160g	1	30.	Miran	" 42			X 5 +		<b>OR</b>	1		
	E 1,5863		0	Minus	-6	(	lſ	£1		OR			
	FREST PRESENTATION OF MATTPLE DEPENDENT CLAME (27 OFR LINGS)									OR.			
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 2)								ADON FEE		CR	ADD'L FEE		
ol		a	AlMS		(Column 2)	(Column 3)	r	<del></del> -		4			
<u> </u>	etel	AF	ADNING TER OMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ŀ	RATE	TIONAL FEE		RATE	ADDS TIOMAL FEE	
0 00	1,400		28	Minus	42		Γ			og	X1		
	17403		ا	Minus	6		r			- 1			
(PEST	PRESENT.	ATION C	MATPLE	DEPOOD	AT GLABA DTG!	Г			OR OR				
TOTAL TOTAL													
If the entry in column 1 is less than the entry in column 2 write "b" in column 3.  If the "rightest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													
F De -	Hichest N	Lumber F	Carriera de S	Pade For I	N INS SPACE	is less than 20, e	Ster .	720°. P.		•			
139 74	THE PERSON	THURST PY	evectely Pr	M For (I	otal or independ	a valer ratio II (States		when formed he m				1	

This consists in the review of year or (10th or independent) is the injuried in column (note that is provided by 37 CRF 1,18, The Information is required to obtain or results a brank by the public which is to file (and by the USPTO) to process) an application. Confinentially is governed by 35 U.S.C. 122 and 37 CRF 1,14. This collection is estimated to both 17 minutes to complete, including publicity, preparing, and submitting the completed application tom to the USPTO. Time will vary depending upon the individual close. Any commands on the amount of time you require to execute this form minute executions for resulting with sunder, should be sent to the CHall Information Offices, U.S. Patient and Tradessent Office, U.S. Department of Commerce, P.O. Bort 1950, Alexandria, VA 27313-1450, OD MOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SERD TO: Commissional for Patients, P.O. Bort 1959, Alexandria, VA 27313-1450.

If you need assistance in compating the form, rat 1-400-PTO-9100 and edical option 2.